

Committee Updates

Non Executive Directors

Council of Governors, 5th March 2024

Audit Committee
E-meeting: 9 January 2024
Presented by: Julian Farmer, Audit Committee Chair

What we looked at	What we found
Risk Management KPIs – InPhase Update	Compliance with risk reporting requirements as set out in the risk management policy for risks and continuing work to enhance the reporting and visibility of gaps in information within InPhase.
Review Clinical Audit Plan: 6-monthly progress report	Delivery is on track and there is good support across the organisation to ensure the full requirements are met.
Compliance with Licence: Review of quarterly checklist	Compliance with the Licence requirements was noted along with a good focus on action on key areas including elective recovery continued industrial action, staffing constraints and operational pressures.
Cyber Security report	The Committee received assurance that the Trust's cyber security arrangements were in good shape and that there is continual review of the cyber landscape to ensure the Trust stays ahead of the game.
Data quality report	Overall arrangements for data quality are good and are seen as such when reviewing metrics from external submissions to review agencies.
Internal Audit plan delivery	Confirmed that all work on track for completion by the year end and that there are no limited assurance audit reports.
Follow-up report	Good progress in implementing audit recommendations with no areas of concern to report.
Anti-Fraud update report	Plan on track for completion by the year end – no areas of concern.
External Audit	No issues to report at this stage of the audit year – the audit plan for 2023/4 will be presented to the Committee at its March meeting.

What we looked at	What we found
Charity activity and performance	<p>Donations are showing a shortfall of 16% below target due to the current difficult cost of living environment. Overall income for the year to day is at £306,490 which is 14% below target.</p> <p>Legacy income is at a lower level than previous years.</p> <p>In a change of focus applications for funding have been made for corporate support and to charitable trusts with £50,000 being pledged by the Ken Dodd Charitable Foundation and an addition £15,000 received from other trusts.</p>
Capital Campaign	<p>The campaign to raise funds for the Adult Congenital Heart Disease/Cath Lab 7 project will not know go ahead as funding has been provided from the ICB budget. Instead a proposal has been developed for a £1.5 million campaign for a new Simulation Training and Education Centre. Approval was given to commence the campaign.</p>
Financial report	<p>Financial position of cash in hand agreed to be healthy with significant reserves remaining for future bids after all liabilities are met (£688K). It may however be necessary to mobilise some of the invested funds depending on the level of income over the next few months.</p>
Assessment of bids for charity support	<p>CFC agreed to support one new bid for Christmas gift vouchers for staff.</p>
Annual review of committee effectiveness	<p>It was concluded that the committee had met all of its objectives.</p>

Quality Committee
E-meetings: 3rd October 2023 & 9th January 2024
Presented by Dr Nick Brooks, Quality Committee Chair

What we looked at	What we found
Stroke annual report.	<p>Assurance: strong leadership, KPIs, developments to enhance out of hours provision, learning for clinical staff, updated stroke protocol, access to EPR on- and off-site for visiting staff and appointment of new stroke lead.</p> <p>Noted: Submission of data to Sentinel Stroke National Audit Programme (SSNSP) to start.</p> <p>Risks/concerns: constraints of small team without dedicated facilities - inability to provide rehabilitation at weekends or follow up after discharge; gaps against CQC infrastructure recommendations; multidisciplinary team and ancillary services off-site based on SLA with LUHFT. For review July 2024.</p>
GIRFT (Getting it Right First Time) programme update	<p>Assurance: excellent progress in adoption of recommendations: 4/9 workstreams closed.</p> <p>Noted: priorities for Q4: stroke, perioperative care and lung cancer.</p>
Surgical site infections (SSI)	<p>Noted: Quality improvement initiative with accurate recording of cardiac surgical patients with SSI up to 30 days postoperatively, and monitoring/audit of all aspects of patient pathway associated with infection risk and prevention.</p>
NatSSIPs/LocSSIPs (National/local Safety Standards for Invasive Procedures)	<p>Noted: Documentation of chest drain procedures inconsistent – focus on medical staff education and review of document; Radiology: gaps in documentation - action plan in place</p>
Quality dashboard - Strategic Outcome Framework (Quality and Safety)	<p>Risks:</p> <p>Response to complaints within 25 days</p> <p>Radiology alerts with a response document. (Mitigation in place).</p> <p>No solution to prolonged delays in admission of patients with heart attacks for primary angioplasty; national problem associated with ambulance service but LHCH in top quartile of time to treatment once in hospital.</p>
Therapies weekend working	<p>Noted: successful 6-month pilot trial of post-operative rehabilitation for cardiac patients on Saturdays: 435 patients treated and 92 discharged early.</p>
Ockenden report	<p>Assurance: minor outstanding issues - safe staffing levels for disciplines other than nursing, simulation training and consultant ward rounds</p>

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What we looked at	What we found
Quality Strategy annual update	Assurance: delivery of the strategy
QSEC key assurances/risks report	Risk: roll-out of e-consent still incomplete. Noted: focus group established to reduce errors with insulin administration.
Quality Impact Assessments	Assurance: (October 2023): 32 schemes; 78% approved (no impacts on quality or equality identified)
Incidents, Complaints & Claims (Qs 1&2)	Assurance: learning from ICC and mitigations to prevent harm to patients and staff; incident reporting consistent over transition from Datix to InPhase and no change in top categories. Total 1073 with 3 serious incidents. Concern: overall complaints at low level but increased from 26 for whole of 2022/23 to 24 in Q1-2 2023/24.
Transition to PSIRF (Patient Safety Incident Response Framework)	Assurance: implemented with roll-out of training
End of Life annual report and National Audit of Care at End-of-Life (NACEL)	Assurance: on palliative care service with strong leadership and notable commitment to training. Risk: vulnerability of small specialist palliative care team, with limited medical, and no audit or administrative support, to retirements and absence from sickness and maternity leave.
IRMER (International Regulations on Medical Exposure to Ionising Radiation) report	Noted: 171 incidents reported in 12 months including 3 associated with unintended exposure. Actions and mitigations identified to achieve QSI (Quality Standard for Imaging) accreditation. Risk: mobile scanners and teams working off-site (for Targeted Healthy Lung Project). Mitigated by implementation of standardised training and protocols, staff rotation, incident reporting, investigation and audit.
Serious incident report	Assurance: investigation and learning from serious incidents
BAF and risk report	Assurance: BAF1 (Safety and Quality) residual risk 6, consistent with risk appetite and reports provided to Quality Committee

What we looked at	What we found
Research finance report	<p>A detailed report on research finances was received and discussed at length.. Overall the position was agreed to be good. There was clear evidence of recovery and movement to a break even position following difficulties during the Covid period. The committee commended the staff on the improvement in the research finance position.</p> <p>A new grade 5 finance post has been established in the research team to assist with income recovery.</p>
Partnership working	<p>Following the review of LCCS it was noted that the LCCS Oversight group had now met and approved its Terms of Reference.</p> <p>A bid for BHF accelerator funding involving LHCH will be submitted from UoL in January,</p> <p>A verbal report was received on the activity in the CRF facility</p>
Research news	<p>An issue was raised regarding the fact that patients are unaware of LCSS. It was suggested this could be addressed in the weekly bulletin.</p> <p>It was noted that patient recruitment to trials in the trust was progressing well.</p>
Innovation agenda	<p>No further update on the progress around the innovation strategy was received and will be discussed at the next meeting.</p>